

Board of Pharmacy  
P.O. Box 1099  
Olympia, WA 98507-1099  
(360) 236-4830

**Fee**  
**\$330.00**

## APPLICATION FOR HEALTH CARE ENTITY

<b>This is for:</b> <input type="checkbox"/> New Location <input type="checkbox"/> Change of Location <input type="checkbox"/> Change in Ownership			
<b>The Type of Ownership is:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
<b>Demographic Information</b>			
FIRM NAME			DATE FIRM WILL BE READY FOR INSPECTION
OTHER TRADE OR BUSINESS NAMES OF LICENSEE			
NAME AND STATE OF CORPORATION AND PARENT COMPANY, IF ANY, PARTNERSHIP OR PROPRIETOR			STATE
LICENSEE ADDRESS (STREET OR BOX NUMBER)	CITY	STATE	ZIP
LOCATION OF BUSINESS (STREET)	CITY	STATE	ZIP
DEA	CORPORATE NUMBER		
OWNER'S TELEPHONE (       )	FACILITY'S TELEPHONE (       )	FAX (       )	
CONTACT PERSON			TELEPHONE
CONSULTANT RPH			TELEPHONE
<b>List name, address and title of corporate officers, partners or owner(s):</b>			
NAME	ADDRESS		TITLE
PREVIOUS OWNER'S NAME (IF CHANGE OF OWNERSHIP)			
PREVIOUS NAME OF BUSINESS			
DATE OF CHANGE OF OWNERSHIP	DATE OF LAST STATE INSPECTION	OTHER STATES OF LICENSURE	

Have any applicant(s), partners and/or managers in charge had: 1) any convictions relating to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) of licensure of the manufacturer or distribution of drugs by federal, state or local laws of any license currently or previously held by the applicant(s) or manager(s)-in-charge in any of the states listed? ☐ Yes ☐ No

If yes, list and explain (attach additional sheets if necessary):

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Have any applications for licensure been denied by any federal or state agency? ☐ Yes ☐ No

If yes, list and explain (attach additional sheets if necessary):

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#### Certification

I, \_\_\_\_\_, being first duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made in the above application are true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Signature \_\_\_\_\_

For the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

SEAL

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